2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# 704957

Entity Name: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Current Principal Place of Business:

THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-0730737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINN, STEPHEN R
THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST
Name: WINN, STEPHEN R
Address: 2007 APALACHEE PKWY
City-St-Zip: TALLAHASSEE, FL

Title: P
Name: PINELESS, HAL
Address: 1890 STATE RD 436, STE 255
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: GROVE, JEFFREY DO
Address: 12020 SEMINOLE BLVD
City-St-Zip: LARGO, FL 33778

Title: D
Name: GLINSKI, ROBERT DO
Address: 805 OAK POND DRIVE
City-St-Zip: OSPREY, FL 34229

Title: D
Name: GOODMAN, JAIME DO
Address: 81990 OVERSEAS HIGHWAY, SUITE 101
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAL PINELESS P 02/27/2012

Electronic Signature of Signing Officer or Director — Date